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**Cover Image:** Mrs Joyce Mahoko selling tomatoes at Murambinda Growth Point, Buhera © Joshua Bhuza/CARE

# COVID-19 Socio-Economic Analysis Report

## **Takunda Resilience Food Security Activity**

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## List of Acronyms

AGRITEX	Agriculture Technical and Extension Services
CU5	Children Under 5 years
EHT	Environment Health Technician
FGD	Focus Group Discussion
GA	Gender Analysis
GBV	Gender-Based Violence
GoZ	Government of Zimbabwe
HH	Household Head
HIV	Human Immune Virus
ICT	Information Communication Technology
IGA	Income Generating Activity
KII	Key Informant Interview
NGO	Non-Governmental Organization
PLW	Pregnant and Lactating Women
VHW	Village Health Worker
VSLA	Village Savings and Loans Association

## Executive Summary

The COVID-19 Socio-economic Study was conducted by Takunda program staff in Buhera, Mutare, Chivi, and Zaka districts in October and November 2021 to understand what households were doing to prevent contracting and spreading COVID-19, the impacts of COVID-19 on agriculture, food security, health, social assistance and women's empowerment and the associated coping strategies employed. A total of 40 Focus Group Discussions (FGDs) and 60 Key Informant Interviews (KII) were conducted in the four districts. The COVID-19 pandemic worsened food availability among vulnerable households while better-off families were not affected. The pandemic resulted in loss of income due to retrenchments and closure of informal businesses and it negatively affected agricultural supply chains and markets. COVID-19 caused illness and in some cases deaths among family members. Households used various strategies to cope with food and income shortages as well as health challenges including barter trading, reducing meal portions and frequency, reliance on casual labor, use of retained seeds and organic fertilizers, and reliance on traditional medicines, among others.

The following section presents the key findings and recommendations for Takunda program implementation (Table 1)

Table 1: Summary findings and recommendation for Takunda program implementation

Evidence Knowledge Gap (EKG)	Key Study Findings	Recommendations for Takunda Program Implementation
<p><b>EKG 2.</b> How has COVID-19 further eroded assets of the most vulnerable populations.</p> <p><b>EKG4.</b> What are the lost assets, and what factors led to their loss?</p>	<ul style="list-style-type: none"> <li>COVID-19 eroded households' productive assets – mostly livestock that include cattle, goats, and chickens, which was compounded by movement restrictions and unavailability of veterinary extension staff. Some households also barter traded small livestock for maize grain.</li> </ul>	<ul style="list-style-type: none"> <li>Upscale interventions that prevent and control livestock diseases and improve nutrition (for example livestock dipping, possibility of using local paravet and growing of fodder and local livestock feed formulation).</li> </ul>
<p><b>EKG10.</b> Given the volatility of Zimbabwe's markets and COVID-related market shutdowns, how might reliance on external inputs for production have impacted farming households?</p>	<ul style="list-style-type: none"> <li>There was increased use of retained seeds and organic fertilizers, and reliance on traditional livestock medicine.</li> </ul>	<ul style="list-style-type: none"> <li>Promote and upscale community seed multiplication in FFBS to produce quality declared seeds which can be sold locally to other farmers and within the private sector, especially for sorghum and groundnuts.</li> </ul>
<p><b>EKG24.</b> How has COVID-19 impacted the ability to reach individuals?</p>	<ul style="list-style-type: none"> <li>Individuals could be reached through various channels (village leaders, groups, VHWs, EHT, AGRITEX, community facilitators and social media).</li> </ul>	<ul style="list-style-type: none"> <li>Work with local based groups, local leaders and locally based community facilitators who are not Government of Zimbabwe staff. Train and mentor them to monitor and technically backstop Takunda activities. Availing data bundles to these community facilitators will help Takunda remotely monitor its activities during lockdowns. This also builds their capacities and acts as a sustainability measure.</li> </ul>
<p><b>EKG33.</b> Have caregivers' beliefs around certain nutrition related behaviors changed because of COVID-19?</p>	<ul style="list-style-type: none"> <li>For some caregivers, there was an extension of breastfeeding beyond 2 years given they had no other food for their babies, while some resorted to early</li> </ul>	<ul style="list-style-type: none"> <li>Train caregivers on benefits of exclusive breastfeeding and appropriate infant and young children feeding practices. Enhance agricultural production and income generation to ensure</li> </ul>

	weaning as they claimed they had not adequate food which affected their milk production for breastfeeding.	food availability and access. Train farmers to preserve and store food.
<b>EKG40.</b> Are there shifts in women and girls' access to markets and food due to COVID-19?	<ul style="list-style-type: none"> <li>Access to markets affected everyone negatively owing to transport and movement restrictions with more effects felt by vulnerable households. There were no major shifts for women and girls.</li> </ul>	<ul style="list-style-type: none"> <li>Include an outcome on increased crop and livestock production for improved household nutrition under Purpose 1.</li> </ul>
<b>EKG44.</b> How have COVID-19 interventions impacted/strengthen handwashing practices?	<ul style="list-style-type: none"> <li>Handwashing increased though water availability and expensive soap were noted as barriers. Meeting the critical five times of handwashing is still a challenge</li> </ul>	<ul style="list-style-type: none"> <li>Takunda to rehabilitate, and or repair boreholes and other waterpoints. Promote use of ash as an alternative to soap as this is cheap and locally available.</li> </ul>
<b>EKG59.</b> Are there any shifts in women's, girls, & youth access to nutrition, health, and hygiene services due to COVID-19, or their willingness to use services?	<ul style="list-style-type: none"> <li>Heavy reliance on traditional medicines during COVID-19.</li> <li>Reduction in antenatal care visits as well as closure of mother's pregnancy shelters</li> </ul>	<ul style="list-style-type: none"> <li>Include an outcome on increased crop and livestock production for improved household nutrition under Purpose 1.</li> <li>Antenatal care and positive youth development skills training to be done through Care Groups, community health clubs, and youth clubs targeting adolescent girls and women.</li> </ul>
<b>EKG71.</b> How is COVID-19 and the local economic situation expected to affect construction material supply chains and availability of private sector suppliers?	<ul style="list-style-type: none"> <li>The macro-economic conditions characterized by exchange rate instability saw a marginal increase in prices of construction materials. The relatively expensive construction materials are readily available in shops.</li> </ul>	<ul style="list-style-type: none"> <li>Takunda to preposition and acquire program construction material in advance.</li> <li>Promote use of locally available materials for constructing upgradable latrines and livestock housing.</li> </ul>
<b>EKG75.</b> Any there shifts in social norms regarding: women & youth access due to COVID-19? How, if at all, has COVID-19 impacted access to natural resources and productive assets, esp. women and youth?	<ul style="list-style-type: none"> <li>Both men and women had access to productive assets such as ploughs, carts, and cattle for draft power.</li> </ul>	<ul style="list-style-type: none"> <li>Continue training program participants on positive social norms, leadership, and inclusive participation.</li> </ul>

## 1. Introduction and Background

### 1.1. Project Background

CARE International in Zimbabwe – along with partners FHI360, International Youth Foundation (IYF), Nutrition Action Zimbabwe (NAZ), Bulawayo Projects Centre (BPC), and Environment Africa (EA) – is implementing Takunda, a five-year, USD 55 million Resilience Food Security Activity (RFSa), funded by USAID. Takunda is being implemented in two provinces: Masvingo (Chivi and Zaka Districts) and Manicaland (Mutare and Buhera Districts). Takunda seeks to promote sustainable, equitable, and resilient food, nutrition, and income, directly impacting 301,636 people. Target population groups include vulnerable adult women and men, adolescent mothers, male and female youth (aged 18-35), women of reproductive age, and children under five years (CU5), who are made vulnerable by socio-economic challenges, the impacts of climate change, and the COVID-19 pandemic.

### 1.2 Context Setting

#### COVID-19 pandemic in Zimbabwe

The COVID-19 pandemic has impacted many lives, families, and communities in Zimbabwe since the beginning of 2020. Even before the onset of the pandemic, Zimbabwe was already vulnerable with its recurring natural droughts and poor macroeconomic conditions, characterized by a triple-digit annual inflation rate, shortages of local currency, high parallel market exchange rates, and increasing basic food and non-food prices<sup>1</sup>. The pandemic and the associated lock-down left many people, especially poor and extremely poor people food insecure and without an income source<sup>2</sup>. Evidence from the virtual nationwide [COVID-19 Rapid Gender Analysis](#) conducted by CARE International in Zimbabwe in 2020 showed a disruption of livelihoods and lost time for economic engagement, especially for women and men in the informal economy<sup>3</sup>. The temporary closure of borders affected cross border traders, a majority of whom are women, and resulted in price hikes of basic commodities, particularly food items<sup>4</sup>. Access to the full scope of health services was disrupted, as community health facilities concentrated on emergency cases, with most of the cases being referred to provincial hospitals due to limited or no capacity to handle COVID-19 related cases<sup>5</sup>. Reports of women giving birth at home increased, putting them at risk of maternal mortality. Schools and tertiary institutions were closed in line with government prevention and containment measures. The school closures negatively impacted children's education, especially adolescent girls who have been affected by child marriages and teenage pregnancies. An increase in GBV was also noted as men and women in abusive relationships were locked together with their perpetrators.<sup>6</sup>

### 1.3 Problem Statement

More than a year into living with the virus, much has changed about the current impacts of COVID-19 on health and social services. Little is known on the current COVID-19 impacts on health, social services and assistance, markets, health facilities and health seeking behavior, income, food consumption, women's empowerment, gender-based violence, and access to information within Takunda target communities. The study will render the opportunity to have direct interface meetings with affected population groups and households in Takunda areas to understand and appreciate the status quo. Moving into the second half of 2021, the COVID-19 landscape has shifted. Agricultural

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<sup>1</sup> <https://fews.net/southern-africa/zimbabwe/food-security-outlook/february-2021>

<sup>2</sup> <http://documents1.worldbank.org/curated/en/481281610384678412/pdf/Monitoring-COVID-19-Impact-on-Households-in-Zimbabwe-Results-from-a-High-Frequency-Telephone-Survey-of-Households.pdf>

<sup>3</sup> CARE Zimbabwe Rapid Gender Analysis COVID-19 Report 2020

<sup>4</sup> CARE Zimbabwe Rapid Gender Analysis COVID-19 Report 2020

<sup>5</sup> CARE Zimbabwe Rapid Gender Analysis COVID-19 Report 2020

<sup>6</sup> CARE Zimbabwe Rapid Gender Analysis COVID-19 Report 2020

markets, immigration patterns, and immediate impacts need to be re-examined so that Takunda can use relevant, updated data for decision-making on shock response interventions and strategies.

## 1.4 Objectives and Research Questions

The overall objective of the COVID-19 Socio-Economic Analysis was to assess the socio-economic impacts of COVID-19 on health, social services and assistance, markets, health facilities and health-seeking behavior, income, household food consumption patterns, women's empowerment, gender-based violence, and access to information. Findings will inform current program interventions and post-pandemic recovery implementation. Understanding the impact of COVID-19 is important for us to be able to effectively implement our interventions. CARE will assess the current and anticipated impacts of COVID-19 on women, girls, men, and boys. It will assess the impacts of the virus on personal and public health, social services and assistance, market forces, food security, gender-based violence, and access to information. Key research objectives for the COVID-19 Socio-Economic Analysis are as follows:

1. Examine and analyze what individuals and households are doing to prevent contracting and spreading COVID-19.
2. Identify and analyze some of the noticeable challenges with compliance to COVID-19 prevention measures.
3. Analyze the general impacts of COVID-19 on households.
4. Examine the main livelihood strategies or income generating activities households are using.
5. Analyze the impacts of COVID-19 on employment, income, income generating activities [Impact on formal and informal employment, overall incomes, and non-agriculture- income sources].
6. What strategies are households using to adapt to the impacts of COVID-19 on employment, income, and income generating activities.
7. Investigate the impacts of COVID-19 on agricultural production, and supply and demand of agricultural inputs and products.
8. Analyze the impacts of COVID-19 on food availability, portion sizes and number of meals taken per day.
9. Analyze the impacts of COVID-19 Health and Health Seeking Behavior.
10. Analyze the impacts of COVID-19 on Social Services and Assistance and associated coping strategies.
11. Analyze the gender specific impacts of COVID-19 on women's workload, division of labour, access and control of productive resources, and gender-based violence.
12. Examine the main sources of information on nutrition and health, agricultural markets, shocks and stressors, weather, and climate.
13. Examine how access to information has been impacted by COVID-19 and varied before COVID-19.

## 2. Design and Methods

### 2.1 Design

The COVID-19 study employed a cross-sectional qualitative research design. The qualitative methods of data collection that were employed included key informant interviews (KII), focus group discussions (FGDs), observations, and literature review.

### 2.2 Study Sites

The COVID-19 study was conducted in four districts of Buhera, and Mutare (Manicaland), Chivi, and Zaka (Masvingo) from 25 October to 5 November 2021. The study was conducted in eight wards, with two wards selected per district. Being a qualitative study, the COVID-19 study sought to have an in-depth understanding of what households are doing to prevent contracting and spreading COVID-19, impacts of COVID-19 disaggregated by gender and life stage, and the associated coping strategies employed. Table 2 shows the specific wards that were sampled in each district.

Table 2: Sampled wards in each district

District	Sampled Wards
Buhera	15 and 31
Mutare	4 and 5
Chivi	19 and 21
Zaka	8 and 15

### 2.3 Process and Methods of Data Collection

The COVID-19 Analysis was conducted by a team of 11 people (6F; 5M), comprised of one Technical Lead, two team leaders, and eight program officers from the Takunda program. The program officers were responsible for facilitating the focus group discussion and key informant interviews under the overall leadership of team leaders. The team leaders were also responsible for quality control during the data collection phase and coordinating overall logistics and liaison with district leadership and stakeholders. A two-day training of the study team was conducted in Mutare to familiarize the team with the study approach, methodology, and tools. The training also included role plays to enable the study team to further refine the tools and have a common understanding of the questions.

The data collection team spent five days in each district followed by a debriefing and reflection session to improve the whole process. All interviews, except for the government officials' KIIs, were conducted in Shona (the local language) to ensure the respondents easily understood the questions and to enhance active participation. One week after data collection was set aside for transcriptions that incorporated notes, quotes, and observations for the FGDs and KII interviews. Each FGD was conducted by at least two research assistants, including a moderator and a note-taker. The moderator guided the discussion, while the note-taker was responsible for note taking and recording the interviews using a voice recorder. Once recordings were obtained, they were triangulated with notes to ensure that a verbatim final transcript was obtained for data analysis. Informed written consent was sought from study participants before the start of the FGD. Table 3 provides a summary of the target respondents reached by the FGDs and KIIs.

Table 3: Survey respondents reached by method of data collection

District	Ward	Focus Group Discussion						KIIs
		Elderly Men	Elderly Women	Young Men	Young Women	PLW	Total FGDs	Total
Mutare	5	1	1	1	1	1	5	8
	4	1	1	1	1	1	5	7
Buhera	15	1	1	1	1	1	5	7
	31	1	1	1	1	1	5	8
Zaka	8	1	1	1	1	1	5	9
	15	1	1	1	1	1	5	6
Chivi	19	1	1	1	1	1	5	7
	21	1	1	1	1	1	5	8
<b>Total</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>40</b>	<b>60</b>

The KII interview participants were drawn from staff in relevant institutions in the respective districts and wards, including ministries of Youth and Women Affairs; Agriculture; Health and Child Welfare; District Development Fund - department of WASH; Environment; Local government; Technical and Vocational Training Centers; Traditional and religious leaders.



Takunda Officer interviewing Memory Mwachitama (Environmental Health Technician) for Buhera. © Mercy Togarepi/CARE

## 2.4 Data Management, Coding, and Analysis

The data collected from FGDs and KIIs was transcribed and reviewed for quality assurance. The data was coded into themes around each research question and thematic area. After the coding, data under each thematic area was then analyzed using the content. Content analysis identified the most common responses to questions under each thematic area, identifying data or patterns to answer research questions. The data was further analyzed and triangulated to establish similarities or differences, common trends, and relationships to draw conclusions and make recommendations.

## 2.5 Ethical Guidelines and COVID-19 Context

Ethical issues that were considered during the research included obtaining informed consent from participants, anonymity, confidentiality, respect for community socio-cultural values, and do-no-harm principles. The FGDs and KII were conducted following the COVID-19 protocols (i.e., wearing protective masks, washing hands, and maintaining social/physical distancing) to ensure the safety of both the researchers and research participants.

## 3. COVID-19 Socio-Economic Analysis Findings

### 3.1 COVID-19 Prevention Measures and Challenges

The COVID-19 study sought to understand what individuals and households are doing to prevent contracting and spreading COVID-19. The findings show that individuals and households were social distancing, masking, not shaking hands, washing hands with soap, or using tippy taps “*zvigubu giya*”, using traditional medicines, steaming with wild herbs (e.g lippia javanica (Zumbani) and resurrection herbal tea (*mufandichimuka*) and lemon and guava leaves, coughing in their elbow as well as restricted movement to prevent contracting and spreading COVID-19 in all four districts. Some of the individuals also reported that they received the COVID-19 vaccine. The government of Zimbabwe has been administering Sinopharm and Sinovac vaccines to individuals on a voluntary basis. There have been widespread awareness campaigns at ward level by government and NGO extension staff and local leaders on COVID-19 prevention. Some NGOs, for example CARE, GOAL, Plan, and World Vision cited that they rolled out COVID-19 interventions in Masvingo and Manicaland. The interventions include COVID-19 education, distribution of sanitizers, masks, and handwashing stations. Pregnant and lactating women also cited general hygiene and warming food as some of the strategies adopted to reduce COVID-19. In Chivi, KII participants also noted that in some households, members were

sleeping in separate blankets and eating in separate plates as COVID-19 prevention measures. Community gathering and women's groups were also closed to avoid gatherings.

## Challenges with Compliance to COVID-19 Prevention Measures.

Despite knowledge about COVID-19 prevention strategies, results from FGDs and KII interviews highlighted various challenges that individuals faced in trying to prevent getting and passing COVID-19. The challenges are grouped in the following subthemes.

### Lack of financial resources to buy soap, sanitizer, and masks

Lack of financial resources to buy soap, sanitizers, masks and install tippy taps were cited as the main constraints to COVID-19 prevention in all districts. In Zaka, one KII highlighted that some families ended up sharing the same mask, which unfortunately can fail to prevent the spread of the virus. In all districts interviewed, individuals noted that they had no money to buy fabric for making masks as surgical ones were expensive and that it is costly to have masks for everyone at home. **Young men in Mutare** also emphasized that a shortage of masks and no money to buy masks were the chief causes of non-compliance among young people. These responses show that education and awareness campaigns on COVID-19 prevention should continue to emphasize the importance of using locally available clean fabric for making masks at home as an alternative to surgical masks. It was also noted in all districts that most schools were ill-equipped to deal with COVID-19 as they had financial constraints to acquiring sanitizers, soap, and hand washing stations.

### Water availability

Water availability challenges (limited boreholes and water points in the community) for handwashing, drinking was noted as a serious challenge to compliance to COVID-19 prevention in all districts. KII participants in Chivi and Buhera emphasized that though individuals may have knowledge about handwashing, sanitation, and hygiene, one bottleneck was the unavailability of water in their areas.

### Lack of knowledge and misinformation

Lack of information and knowledge, coupled with anxiety and uncertainty about COVID-19, its prevention, and control were cited as one challenge that individuals and households in the four districts faced in the formative period of the pandemic. This knowledge gap was worsened by negative misinformation that was rampantly being shared on social media platforms in the initial phases of the COVID-19 pandemic. Across all districts, most FGD and KII participants had this to say:

*"Our traditional leaders were telling us about the positive information with regards to COVID-19 prevention and control. However, there were lots of negative and conflicting information on social media and so people were confused on which true information to follow"*

Young men in Mutare and Buhera also noted that their lack of knowledge around COVID-19 control, and prevention was worsened when they were excluded and not invited to COVID-19 awareness campaigns, which are mostly attended by adults. Some of the knowledge gaps that were noted were around how to properly wear masks and wash hands. FGD and KII participants highlighted that some people were putting on masks but that they were improperly wearing them and not covering their nose. These findings suggest the need for continued dissemination of genuine COVID-19 prevention and control information using pluralistic channels including print and electronic media, social media and use of public and private extension agents (including Village Health Workers (VHW), Environmental Health Technician (EHT) and AGRITEX Extension Workers who reside closer to rural households).

### Non-compliance due to ignorance and disbelief

Disbelief and ignorance on the existence of COVID-19 manifested as one major challenge to compliance with COVID-19 control and prevention. For example, a KII participant in Buhera noted that there is a belief that COVID-19 does not affect rural people while another KII participant in Chivi mentioned that some individuals in the area, had this to say, as a sign of ignorance:

*“Ma mask anodikanwa nemapurisa nemanurse” meaning, we are only putting on masks because it is only a requirement needed by police and nurses. (KII participant in Chivi)*

In Chivi Ward 21, one KII noted that COVID-19 compliance was difficult because there have not been any COVID-19 related deaths in the area and people are very reluctant to wear masks, sanitize and observe the necessary prevention strategies. One KII in Zaka, also resonated with this ignorance and said that people only started using sanitizers after the high COVID-19 mortalities in the district. There was also a belief among some FGD participants in Buhera and Chivi that when it's hot there is no need to wear masks as the virus cannot thrive in hot environments. In all the districts, some FGD and KII participants complained that they are not used to wearing masks for long time and it is hard to breathe while wearing masks with one KII in Chivi saying “mask inotibitiridza”, meaning people suffocate if they put on a mask. **Older men in Mutare** also noted that business owners were not using sanitizers or tip taps thereby putting people who enter their shops at risk. In addition, there was pronounced ignorance among beer drinkers as they were not masking up and socially distancing while drinking beer at beer outlets and in the rural homesteads. This ignorance was also worsened by the fact that staying at home was difficult for those tested positive for COVID-19, as alluded to by one KII in Zaka.

### **Non-compliance due to conflicts with social norms, traditions, culture, and religion**

Some of the non-compliance reasons cited by FGD and KII participants were that COVID-19 prevention strategies conflict with social norms, tradition, culture, and their religion. The respondents cited that it is difficult to refrain from greeting each other as it is not in our culture to not shake hands. One KII in Zaka say that if you don't shake hands, people will end up saying “wandidadira” meaning you are showing off and you don't like me. Challenges with social distancing at funerals, within villages, or at family gatherings were also cited as people still gather in large numbers within these settings, and culturally, if you don't attend these functions, people will reciprocate by marginalizing you and not attending your own functions and events. The fear of marginalization then forces people to defy COVID-19 regulations and attend community functions. Because of religious beliefs, some churches were not complying with COVID-19 prevention regulations as they claim they are protected by the holy spirit, especially the apostolic sect. This was highlighted by older men in Mutare and Chivi who had this to say:

*Despite banning gatherings some churches still gathered and believed the COVID-19 is God's anger and only affects sinners (Older man FGD participants in Chivi and Mutare)*

FGD participants who are in polygamous families also noted that it is naturally difficult to socially distance in such family organizations, which perpetuates the risk of spreading COVID-19 once one family member contracts it. Currently the MOHCC requires everyone to observe COVID-19 protocols if the deaths are caused by the pandemic. These include instant burial and avoiding body viewing. Traditionally people are used to burying the dead two or three days after their departure and do engage in body viewing. It was noted that some families were even failing to comply with COVID-19 regulations of instant burial and avoiding body viewing, leading to the spread of the pandemic.

### **Vaccination rejection or resistance and centers far away**

Results show that although the government rolled out voluntary COVID-19 vaccinations beginning February 2021, some individuals in the study districts were reluctant to be vaccinated. There were widespread myths and misinformation about the side-effects of COVID-19, compounded by few

education campaigns on vaccinations. As cited by one KII in Zaka, people were afraid of dying because of vaccinations and this was the same phenomenon throughout the country. From March 2021 onwards, the government and civil societies started increasing and promoting outreach programs through physical meetings, road shows, and print and electronic media to raise awareness on the importance of COVID-19 control and prevention and the benefits of taking vaccines. It was also noted that the Government employed more EHTs to promote health awareness and vaccine uptake in the country. With education, many people started receiving COVID-19 vaccinations, which was also driven by experiences having and or seeing COVID-19 illness and fatalities. One FGD participant in Buhera highlighted that people in their area started accepting vaccinations after experiencing COVID-19 related deaths in community. In Mutare and Buhera, the study participants noted that vaccine resistance was still rampant among the apostolic sect religion and mechanisms to educate them on its benefits were needed. One of the challenges noted with regards to the vaccinations in rural areas was that centers were far away, which was even worse for older people and those with disabilities. In Mutare rural, the interviewed young men said that vaccines came a little bit late. The hospital accepted a limited number of patients and people per day as a way of decongestion. However, this posed a challenge as people had to wait for longer days to be attended. One challenge that was noted in all the districts was that after being vaccinated people were now reluctant to observe the pandemic prevention measures of masking and social distancing, among others, believing that they were now protected and safe.

### **Services and treatment at health care institutions**

Interviewed participants noted that there were delays in treatment at health institutions and people were not allowed to enter but had to wait outside for long hours. This resulted in people feeling demotivated and going back home without getting medical attention. Because of travel restrictions, there was a widespread lack of transport to ferry sick people to clinics. In cases, where transport was available, exorbitant fares were charged by the service providers. In some instances, it was noted that people sought treatment late for fear of mixing with COVID-19 patients at health institutions or of testing positive for COVID-19.

## **3.2 Impacts of COVID-19**

The analysis assessed COVID-19 prevention strategies, impacts and coping strategies among adult men and women, young men and women, pregnant and lactating women, and caregivers. The main sources of livelihood for most households in the four districts is agriculture, specifically crop and livestock farming. Other sources of household income include petty trading, illegal mining, cross-border trading, internal and external remittances, casual labor, and piece jobs. These findings resonate with findings from the Takunda Gender, Agricultural Value Chain and Off-farm income studies done in September 2021.

## **General Impacts of COVID-19**

The general impacts of the pandemic included COVID-19 illness and deaths, and closure of schools, businesses, and informal enterprises. COVID-19 and the associated national lockdown resulted in loss of employment and income, which subsequently resulted in limited access to food and an inability to purchase health medication. There were reports of increased gender-based violence and drug abuse during the national lockdown. Early marriages and teenage pregnancies increased during this period. Drug abuse was rampant across all groups but more pronounced among youth people.

## **3.3 Impacts of COVID-19 on Employment, Income, and Income Generating Activities**

### **Retrenchments in formal employment**

The COVID-19 pandemic and associated lockdown resulted in retrenchments as most private sector businesses scaled down operations to decongest their premises while others closed shop altogether. Loss of employment and subsequent loss of income was cited in all the four districts by adult men

and women, young men, and women and PLW and care givers. For those who continued going to work, there was a cut in the total number of hours worked, hence reduction in salaries and wages. In Chivi, it was noted that some employers delayed payments to employees because of low business.

### **Closure of informal businesses and trading**

The closure of informal business and trading spaces was cited in all the four districts by adult men and women, young men, and women, and PLW and care givers. This subsequently resulted in the loss of off-farm income among those affected. In Chivi, PLW and caregivers reported that buyers could not come to buy gold and woven products (baskets, etc.) because of transport movement restrictions coupled with widespread roadblocks manned by police. As a result of depressed income sources due to COVID-19 lockdowns, PLW in Buhera and Chivi highlighted that they diverted funds meant for business and the purchase of productive assets (like livestock) to food purchases due to hunger and starvation. Vending and petty trading, one main source of income in the four districts, was not allowed for fear of increasing the risk of spreading COVID-19. Even for those who tried to conduct petty trading during the lockdown, the volume of sales was depressed as people were not able to buy from each other to lower risk of spreading the virus. Other informal income generating activities that were affected during the COVID-19 lockdown because of movement restrictions and banning of gatherings included beer brewing, casual labor in other people's homes (for example tilling the land and building) and stopping of VSLA activities, which hindered circulation of money. The exchange of money was also discouraged to avoid the spread of COVID-19. With regards to depressed sales of home brewed beer, older men and women had this to say:

*"COVID-19 yakatiruzisa tange tisisina kwekutengesera ndari" meaning we had no market and lost income from no sales of home brewed beer due to COVID. (Older men and women FGD participants in Chivi and Zaka)*

Individuals and households relying on growing and selling of vegetables were also negatively affected during the COVID-19 lockdown. In the initial phases of the lockdown, vegetable markets and mobile markets were banned, and vegetable sellers incurred losses coming from postharvest losses due to rotting and depressed sales. Schools are some of the major market destinations for vegetables produced by smallholder farmers. However, during COVID-19, all schools were closed and this negatively affected sales for vegetable producers, which was highlighted by PLW in Chivi and Zaka.

**On a positive note**, FGD and KII participants highlighted that there was an increase in vegetable and poultry production and brick molding as sources of income as people were at home and had nothing to do. **In all the districts**, it was noted that children were more available during COVID-19 lockdown and assisted in gardening and the vegetable productivity increased. In all districts, it was also noted that there was limited market for vegetables as everyone was growing them resulting in gluts associated with oversupply which, in turn, reduced income streams. Other households started drying and preserving the surplus vegetables as well as using them to feed livestock. Educating smallholder farmers on proper preservation and value addition of vegetables is one potential strategy that Takunda needs to promote and upscale.

### **Limited cross-border trading and decrease in remittances**

Interviewed participants noted that remittances (cash and in-kind) from children and relatives staying in towns and abroad decreased during the initial phases of the lockdown. This was because of loss of employment due to COVID-19 business closures. PLW in Mutare, and young women in Mutare and Chivi cited that some of the people working in town migrated to the rural areas in search of cheap living conditions during the peak phase of the pandemic. Despite this trend, remittances continue to contribute a significant proportion of household income among the recipients. Recipient households, however, complained of long queues and slow services at the remittance collection institutions such as Mukuru and World Remit. During the peak of COVID-19, national borders were closed, except for returning residents, resulting in depressed cross-border trading that reduced off-farm income

sources. Young and elder women in all the districts highlighted that their informal business of selling used clothes locally called “*mabhero*” was affected, owing to closure of borders, travel restrictions, and banning of gatherings, resulting in loss of income.

### **Strategies households used to adapt to the impacts of COVID-19 on employment, income and income generating activities**

This subsection details the strategies that households used to cushion against the effects of COVID-19 on their employment and incomes.

#### **Barter trading and brick molding**

In all the districts, barter trading was a predominant coping strategy used for dealing with income loss. For example, in Buhera, PLW cited widespread barter trading of tomatoes for cereals. Elderly women from all the districts also noted that there was widespread exchange of 10 litres of maize for 2 kg of sugar, goats for maize, or groundnuts for soap within the communities. Brick molding was cited in almost all districts as income generating activity.

#### **Vegetable growing, drying, and packaging for future sale**

During the COVID-19 pandemic and the associated lockdowns, there was an upsurge in vegetable production. This was attributed to the availability of family labor as everyone was at home during the lockdown. The increased vegetable production resulted in greater supply, yet the markets were limited because of travel restrictions; this saw many households drying the excess vegetables for home consumption and future sale in all the districts. For example, PLW in Buhera and Zaka highlighted an increase in cabbages and tomato production. As a coping strategy to buffer against market shut down, some households cited that they resorted to illegally selling horticultural products. Some women in Zaka had this to say.

*“Selling of tomatoes had to be done nicodemously nekuti mapurisa ainge ari on patrol”, meaning that they had to conceal their produce and secretly market them as police were on patrol. (Women FGD participants in Zaka)*

#### **Reliance on remittances and casual labor income**

Reliance on cash and in-kind remittances continued to be a source of livelihood among recipient households before and during the COVID-19 lockdown. Remittances continued to contribute a significant proportion of household income among the recipient households in all the four districts. In all the districts, about half of the adult men and women participants highlighted that they relied on casual labor supply to generate income. Some households relied on casual works such as tilling (digging Conservation Agriculture plots) as well as worked for civil servants, for example teachers to raise income to feed their families.

#### **Firewood and beer sales**

In all the districts, there was an upsurge of illegal cutting down of trees and selling of firewood. Interviewed households noted that this has been ongoing for some time due to macroeconomic challenges, but COVID-19 further exacerbated the illegal firewood sales. Beer brewing and selling is another coping strategy that was used in all the districts.

#### **Gold panning**

In Chivi, it was noted that there was an increase in gold panning along the Runde river. Other family members travelled to Mberengwa and Zvishavane for illegal gold mining activities. Traditionally young men are involved in gold panning. During COVID-19, it was noted that everyone (men, women, young men, and women) resorted to gold panning to raise income to buy basics like sugar, soap, and salt. The participation of women in gold panning exposes them to all forms of violence and mechanisms to protect and safeguard them are needed.

### **Grocery sales and others**

In most districts, some households with adequate money resorted to buying and retailing groceries (sugar, salt, soap, cooking oil, alcohol, etc.) in their communities as most community members could not travel to growth points and major business centers owing to travel restrictions. The other income generating strategies highlighted by a few individuals included selling of masks and bread and bun making (mentioned by women in Zaka). In all the districts, it was noted that some women engaged in sex work to raise money. In Mutare and Buhera, adult men said that in some instances they turned a blind eye on their spouses sleeping with other men if it brought food to the table. Some adult men in Mutare said that they contracted Sexually Transmitted Diseases because of this. In Chivi, it was noted that theft was rampant during the COVID-19 lockdown and in Mutare, the smuggling of goods and used clothes from Mozambique for resale continue to be a major source of income. In all the districts, KII and FGD interviews also noted that vulnerable households resorted to borrowing from their neighbors.

### **3.4 Impacts of COVID-19 on Agricultural Production, Supply and Demand of Agricultural Inputs and Products**

The outbreak of the COVID-19 pandemic restricted normal functioning of the agriculture system, which impacted production. Direct farmer access to extension services was limited due to travel restrictions and banning of public gatherings due to lockdowns.

#### **Impacts on agricultural production**

Agriculture production has felt both negative and positive impacts of COVID-19 due to restrictions imposed by the general lockdowns. For the positive impacts, everyone was at home so household land cultivation increased. In Mutare, Zaka and Buhera young women expressed the fact that men were at home so were helping them in tilling the land, especially the Conservation Agriculture (pfumvudza) plots, resulting in increased production. On the negative side, people stopped sharing cattle grazing for fear that cattle diseases are zoonotic. Cattle were not dipped, exposing them to the January Disease (theileriosis) and farmers lost a lot of cattle because of inaccessible vaccines and drugs for treatment of the disease. The lockdown restricted farmers from movement and they could not access agricultural inputs, so they relied on retained seed. Production of small livestock proved to be more viable, especially goats as they are easier browsers and easier to manage even under the strenuous COVID-19 conditions.

#### **Impacts on access to agricultural inputs**

Detrimental impacts to agriculture have also been felt through disruptions in the supply and availability of critical farm inputs, agriculture chemicals and animal health drugs. The general restrictions on inter-city and international local input suppliers caused local agro-dealer shops to fail to restock and this affected input availability. In Mutare and Buhera, movement restrictions delayed delivery of inputs for the government's presidential support program. In Buhera, the young PLW cited those agricultural inputs were readily available, but they could not access them as they could not afford the price.

#### **Impacts on prices of agricultural inputs**

The lockdowns accelerated the fluctuations in agricultural input prices and transport charges were inflated, which also affected pricing. Agro-dealer shops were running low or closed due to lack of business and all the districts reported that prices of farm inputs, such as seed and fertilizers, agrochemicals, and veterinary drugs, had gone up following the start of the COVID -19 crisis. Another crippling factor cited in Buhera was that there were no remittances, and agricultural input transportation from Harare using buses was banned. Local shops could sell seeds, but prices were pegged in USD and retailers were rejecting RTGS. In Chivi there were incidences where retailers with a truck load of agricultural inputs intended for rural areas were turned back at a police roadblock. During the first days before clearances of essential staff, donors could not complement government

efforts on the agriculture input supply system. Farmers suffered from unscrupulous informal traders /middlemen who were taking advantage of barter trade with agricultural inputs and unfairly conducting business with the farmers. Travel clearances were not easy to get, and registered agents had a monopoly with inflating prices.

### **Impacts on availability and access to agricultural markets for produce**

The COVID-19 pandemic has imposed a shock on agricultural markets in Takunda operation districts. In Mutare, the local authority moved both the green and flea market from Sakubva to Dangamvura to decongest the city and avoid the spread of COVID-19. The relocation of the markets was done without proper consultation and communication with the public, so producers from Mutare Rural were not informed and incurred heavy losses as they continued to deliver their products to Sakubva. Although movement permits were later granted, delivery of produce was slowed down as producers and consumers feared to move around to sell their produce for fear of mixing with people and contracting COVID-19. This resulted in those farmers in perishable agriculture production facing losses. The market was also performing low and there was a ban on a common marketplace. Perishable Agricultural products like tomatoes, cabbages, and fruits contributed to huge losses felt by the farmers. All four districts indicated that the local market base collapsed, and they had no market for produce. There was also a glut in vegetable and tomato supply on the market. Young women in Buhera said tomato prices dropped from USD 7 to USD 4 for a twenty-liter container. In all the districts, some households were feeding cattle using rotting vegetables. The older men in Buhera were asked to travel to areas such as Birchenough Bridge and Chivhu town to look for tomatoes.

The closure of mobile market shops (baccosi/huyauhodhe) in Chivi and Zaka because of lockdowns decimated the local market for agriculture produce especially horticulture, poultry, and other wares. An agricultural extension worker in Buhera reported cases where farmers were forced to slaughter their chickens after failing to access poultry feeds and being unable to get market for their eggs. However, farmers have taken advantage of the availability of pear-millet in Buhera and have discovered their own on-farm feed formulations during lockdowns.

### **Impacts on producer prices of agricultural produce**

As the COVID-19 pandemic continues, farmers struggled to access needed supplies and suffered delayed payments on delivered products such as cotton and maize. Both the Grain Marketing Board and Cotton Company of Zimbabwe did not pay farmers as they claimed they did not export the crops because of lockdowns. The cost of production therefore exceeded the selling price of the produce. Cattle were sold at a giveaway price of USD 30 as farmers could not access the January Disease vaccines because of lockdowns and cattle and goats were sold to buy food to support the families.

### **What coping strategies have households adopted to continue with agriculture**

The COVID-19 pandemic increased the adoption of agriculture resilience systems in the four study areas of Takunda. The following are different coping strategies adopted by communities to continue with agriculture.

#### **Barter trading**

During the initial COVID-19 lockdown in March to June 2021, circulation of money was very limited because of lack of business caused by lockdowns. Communities in Buhera District planted finger millet (njera) and exchanged it with maize for food as they could not afford to buy maize. In Ward 4 of Mutare District, people exchanged labour for vegetable oil, maize, sugar, and salt.

*During COVID-19 “Isu taigramisa KwaMutare”, meaning they were using a certain container as a measure to weigh goods they were exchanging in kind (KII participant in Mutare)*

In all the districts, people could not pay cash for the grinding meal, so milling service was paid in kind. For grinding a 20-litre container of maize the price was pegged at a 5 litre bucket of maize or 2 litre container of groundnuts. In Chivi, goats were exchanged with food as a coping mechanism.

### **Vegetable preservation**

Households in rural communities appear to have responded positively to Covid -19 by increasing food production from nutritional home gardens particularly root crops, vegetables, and fruits. There were excess and no market, so all the districts reported vegetable drying and value addition as the best alternative undertaken.

### **Livestock feed and traditional medicine**

Demand for vegetables could not match supply as there were no markets so vegetables were often found to be rotting. Rotting vegetables in all the districts were used as cattle feed and some were used for compost making in the garden for manure. In Buhera, DDF also reported that communities managed to come up with their own homemade/on farm poultry feed, using the locally available pearl millet. The use of traditional medicines for cattle treatment has been intensified in all the districts.

### **Selling of perishables hidden in changani bags**

During the COVID-19 lockdown in 2021, there was heavy deployment of police on patrol especially near green markets and vendors were not allowed to sell commodities to decongest the markets. These police were confiscating commodities and arresting perpetrators and making them pay heavy fines. In Buhera (Murambinda), vendors were innovative and thwarted the law enforcement agents by carrying perishables in Changani/Renkini shopping bags as they conducted their selling business. They advertised their wares using billboards and posters at shops and some used runners and social media.

### **Marketing online**

The advent of COVID-19 marketing online is slowly being adopted, especially for clothes, and some Apps are being used for advertising where delivery can be done at home.

### **Use of retained seed and cuttings**

The use of retained seed was in place even before the pandemic, but more farmers adopted it during the COVID-19 period. There was a lot of barter trading of open pollinated maize variety (bhabhadla). There was also an increase in the use of retained seed for vegetables, especially tomato seed. The use of cuttings and shoots has intensified during the COVID-19 lockdown period in 2021 and is more common for fruit and vegetable production, especially covo.

### **Organic fertilizer instead of inorganic fertilizers**

All the districts recorded an increase in the use of organic fertilizers versus inorganic fertilizers as organic manure was readily available. People intensified traditional methods that they had no longer been using for gathering manure, such as collecting cow dung and heaping it, digging anthills, and gathering rotting tree leaves (murakwani). Some were even collecting cow dung from dip tanks.

### **Conservation agriculture (pfumvudza)**

The Pfumvudza concept was highly adopted in all the districts during the COVID-19 pandemic period. The increase in adoption was noted because of labour availability as everybody was locked at home. Pfumvudza is based on key principles of conservation agriculture, and farmers need labour to concentrate resources on a small piece of land. In Chivi, a KII participant expressed that:

*“Vana ndivo vanga vava vashandi” meaning, children were a source of labour and labour was readily available. (KII participant in Chivi)*

### **Remittances**

People could be seen queuing at Mukuru collection points for local and international remittances. Some families heavily relied on remittances, especially those with children in the diaspora.

### **Roadside vending**

Roadside vending is common in Chivi and Zaka, where vegetable and fruits are being sold to raise income. School children are usually used where there is road maintenance or rehabilitation such as the Mhandamahwe to Chivi Road.

### **Mobile marketing/baccosi/ huya uhodhe**

Shortly after granting of the movement permits, a resurgence of the mobile marketing system was seen, so people accessed all the products from these one day per month in markets. Competition ensured that fair prices were offered.

### **Village savings and lending associations**

Village Savings and Lending Associations (VSLA) have been used by people for basic needs like education, food, shelter, and clothes. VSLAs enable individuals to be their own savers, bankers, and lenders. In Zaka, VSLA groups are doing well following the Care model that they learnt from ENSURE.

## **3.5 Impacts of COVID-19 on Food Availability, Portion Sizes and Number of Meals Taken Per Day**

The study found that the COVID-19 pandemic worsened food availability among vulnerable households while better-off families were not as affected.

### **Impacts on food availability**

The COVID-19 pandemic and the subsequent lockdown resulted in travel restrictions, reduced remittances, and loss of formal and informal employment and income generating activities. The loss of income from these sources resulted in limited food access among vulnerable, child-headed households and those with bigger households. Because of travel restrictions, food, and groceries (basic commodities) were not readily accessible and not affordable in rural areas. Some businesspeople hiked food prices in remote rural areas to take advantage of the reduced supply, and this affected vulnerable households. Interviewed participants highlighted that food was expensive and there was limited maize supply in Zaka and Buhera. Food reserves dwindled, yet family sizes grew because of urban to rural migration during the COVID-19 lockdown. Women perceived that there was rampant child malnutrition during this period.

### **Impacts on meal portion sizes**

The COVID-19 pandemic and lockdown resulted in a reduction in meal portion sizes, especially among the vulnerable households. In all the districts, meal portion sizes were reduced especially for cereals. The anxiety and uncertainties triggered by the COVID-19 lockdown resulted in the most vulnerable households eating small meal portions for food to make it last longer. To emphasize this point, some interviewed participants said:

*“Tinongodyawo kuti tidzora huro”, which means eating for survival. (PLW FGD participants in Buhera).*

*“Poto dzaichinjwa pamoto”, which means, changing pot size from 3 for an average of 6 household members to a smaller size of 2 to save on food. (Adult women FGD participants in Chivi).*

As a way of reducing demand for food, some FGD participants said that they increased salt intake, which triggered people to drink lots of water to ensure that the tummy was full. In Zaka, young women said they did not reduce meal portions but only the frequency of eating. To demonstrate the dire need of food, some FGD participants in Chivi said there was psychological stress due to food unavailability among households. There were no leftovers for dogs – most dogs died because there was not an adequate surplus of food in homes for them to eat.

### **Impacts on number of meals taken per day**

In all the districts, all interviewed participants noted that meal frequencies were reduced from three to two meals per day among many households. People would only eat in the morning and evening, including children. It was noted that there was no dietary diversification as people ate sadza and vegetables only, and at times, relied on wild fruits, which subsequently resulted in nutrition insecurity. People also resorted to eating left over sadza commonly known as *muradzi* or *munya* as a way of conserving food. The worse affected by reduction in meal frequency and poor dietary diversification were children and people with underlying health conditions and those on medication, as they were only eating what is there and not the recommended food.

### **What food coping strategies have you been using because of COVID-19**

The study districts are drought prone, and households have been using various food coping strategies. However, it was noted that COVID-19 further exacerbated the food availability challenges. Below are some of the food coping strategies adopted by households.

#### ***Reduced meal portion sizes and meal frequency***

The COVID-19 pandemic and national lockdown resulted in reduced food availability, especially among vulnerable households in all the four districts. The affected households resorted to reduction of meal sizes as well as reducing meal frequency from 3 to 2 meals per day. In addition, interviewed participants highlighted that they reallocated the available income to the purchase of food and basic commodities such as soap, sugar and cooking oil.

#### ***Barter trading, casual labor, and gold panning***

In all the districts, barter trading of various items in exchange for maize grain was noted to be popular. For example, barter trading tomatoes, cooking oil, and sugar for maize grain was frequently mentioned in all districts. Vulnerable households were also noted to supply casual labor to better-off households in exchange for maize grain, mealie meal, cooking oil and other basic commodities. The most common form of casual labor was tilling conservation agriculture (*pfumvudza*) plots, weeding and herding livestock. In Chivi, there was an increase in illegal gold panning to raise income to purchase food and other household expenses.

#### ***Selling productive assets***

About a third of the FGD participants in all districts acknowledged selling of cattle, goats, sheep, and chicken to purchase food and medical bills. Usually, selling cattle is one of the last resorts, but the interviewed participants also noted that cattle were dying from diseases and hunger during the COVID-19 lockdown, so disposing of them to purchase food was reasonable. The sale of productive assets was emphasized with this phrase:

*“Taitengesha pfuma yedu to have food”, meaning we sold our wealth to buy food.*

### **Food aid**

Some households noted that they relied on food aid. The government social welfare department and some NGOs continued to offer food aid and cash transfers to vulnerable people in all the districts during the COVID-19 lockdown. Social welfare was donating 50 kg of maize grain per family to selected vulnerable families. NGOs such as CARITAS, GOAL, CARE and Mercy Corps were noted to be distributing food and/or cash transfers to selected households.

### **Borrowing, begging and consumption of wild fruits and less preferred foods**

Borrowing and begging food from communities was cited as one coping strategy that was adopted by poorer households in the study districts. In all districts and among all socio-economic groups, it was noted the consumption of wild fruits was popular as a coping strategy. The wild fruits consumed as a whole, pr for porridge and maheu ingredients, for example from monkey orange tree (*matamba*), Parinari curatellifolia tree (*muchakata*) and baobab tree. Although households were using this coping strategy in the lean season, it was noted that COVID-19 intensified the usage. The eating of wild animals, especially mice (*mbeva*), was also cited in Mutare and Buhera. FGD participants frequently complained that they resorted to tea and porridges without sugar as well as food without cooking oil. Yet, eating less sugar has healthy benefits associated with reducing cancer and cardiovascular diseases. Takunda needs to upscale health and nutrition messaging that educates people about the benefits of less sugar consumption.

### **Others**

In Mutare, there were cases of facilitated early marriages (*kuzvarira*) so that families could get food. Takunda should view this as an entry point for raising awareness against early child marriages. Some households were noted to go to bed without eating. It was also noted that in all districts, the brewing and sale of toxic and illegal beverages (*kachasu* etc) to raise income for food was rampant among a few households.

## **How has COVID-19 influenced the way children under 5 are fed in terms of (a) breastfeeding and (b) infant and young child feeding.**

### **Breastfeeding habits**

The COVID-19 lockdown increased mother and child contact and there was adequate breastfeeding. Breastfeeding frequency was adequate because mothers were always available during lockdown and not away doing piece jobs and hustling. In some instances, lactating mothers highlighted that there was too much breastfeeding which led to mothers wasting. Among some PLW in the four districts, there was increased perception that breast milk was not enough since the mothers were not eating enough food. There seems to be a misconception that breastfeeding leads to wasting of lactating mothers, yet the real issue is a lack of adequate food among mothers. Takunda nutritionists need to educate PLW on appropriate health and nutrition feeding. In Chivi, there were reports of extension of breastfeeding for months due to lack of other food to feed infants and young children.

### **Infant and young child feeding**

In some instances, there were reports that children under 5 were extensively fed with left-over food (for example sadza). In Zaka, there were reports of change of feeding frequency for CU5 from three to two times per day because of inadequate food during the COVID-19 lockdown.

### **Early weaning**

PLW noted that there was an unavailability of family planning pills during lockdown due to inaccessibility to clinic. Subsequently, there were many unplanned pregnancies among lactating women which resulted in them early weaning their children. There is a widespread misconception that once you are pregnant, you must early wean your child. One participant in Chivi, highlighted that this is a misconception by saying: *Hati rumuri mwana nokuti ndinenhumbu, saying we don't wean*

children because I am pregnant. Takunda needs to ensure that they convert appropriate nutrition education to program participants.

### 3.6 Impacts of COVID-19 on health and health seeking behavior

#### Revitalization of traditional medicines

There was limited access to health facilities because of movement restrictions and less medication at health facilities. As a result, people resorted to '*kunatira*' steaming to reduce and cure influenza related illnesses. In addition to this, traditional medicines were often used to cure other diseases, like stomachaches. It was also noted that people said they resorted to traditional methods of birth control.

#### Improved hygiene

To protect themselves, people ended up in engaging in good hygiene practices. Respondents from all districts indicated that they embarked on massive establishment of tippy taps at yard entry points where everyone who would visit their homes would wash their hands before entering. Extensive awareness campaigns by public and civil society (NGOs) following the COVID-19 outbreak through print and electronic media, social media, and word of mouth increased awareness and knowledge. For example, COVID-19 response intervention by BHA, UNDP, ECHO, Government. Takunda will promote appropriate handwashing and use of tippy taps in its nutrition, health, and WASH activities. Within the Resilience Designs model households, Takunda has already started promoting these. In addition, Takunda will leverage and collaborate with other COVID-19 promotion programs including the BHA funded COVID-19 program operational in its 4 operational districts to promote handwashing.

#### Spread of sexually transmitted infections (STIs) and unwanted and early pregnancies

There was no easy access to clinics, shops, and pharmacies where people could access condoms for safer sex. However, this did not stop people from engaging in sexual activities. As a result, there was spread of STIs. All districts highlighted that there was increased commercialization of sex by women to get food for families with more emphasis in Mutare and Chivi where women were exchanging food for sex. More so, there were a lot of unplanned and unwanted pregnancies because there was limited access to family planning pills during COVID-19.

#### Unhealthy diets and deteriorated health

COVID-19 resulted in widespread illness and deaths among family members. Overwhelmingly, people were just eating for survival and not for health. It was indicated that nutrition was not the core reason for eating, but it was to fill the stomach. People reduced meals and meal variety, resulting in malnutrition in children and wasting in pregnant and lactating mothers. There was also limited health education because gatherings were banned and therefore people were not meeting for health clubs or Care Groups where they typically discuss good caring practices. Immunization services were also interrupted in all districts. Due to restrictions on social gatherings, sources of spiritual healing were interrupted. In this case, PLW in Chivi indicated that COVID-19 drove them away from their religious beliefs as they were not allowed to seek spiritual healing from prophets due to movement restrictions.

#### Poor services at health facilities at health facilities

COVID-19 resulted in poor services offered at clinics resulting in increased deaths and illness in all districts. Nurses were also afraid of COVID-19 and they would not attend patients wholeheartedly out of fear of contracting COVID. In a conversation with a Zaka elderly man, it was indicated that, "*Zvaiva nani kutamubura nehama yako kumba pane kuiendesa kuchipata*" implying resorting to home remedies was far better if one got sick than getting them to a health facility because even health care staff themselves were afraid of contracting the virus.

Limited access to medication by those who take routine medicines like Blood Pressure (BP) and HIV medication led to deteriorated health and some deaths. Respondents in all districts indicated that Chronic illnesses (HIV, BP etc) increased because people could not get medication on time and in some cases lead to deaths. “*Vaive pachirongwa vakafa*” said Zaka young men, implying people died because they defaulted due to limited access to medication leading to their death.

### **What has been the impact of COVID-19 and the national lockdown on your decisions and behavior on seeking health care services**

#### **Fear of going to health facilities as people felt they can get COVID-19 by simply going to the premises**

COVID-19 reduced people’s health seeking behaviors as people were afraid to go to clinics for fear of contracting the virus at the clinic. All subgroups stressed that they would go to clinics when they were severely sick that even traditional alternatives have failed to cure the diseases. In this regard, all districts indicated that people only visited health facilities when they were seriously ill or displaying COVID-19 symptoms. According to young men in Zaka, they did not want to visit clinics because of fear of COVID-19 testing and getting the disease, therefore, they would opt for self-quarantine.

#### **Reduced consultations on regular healthcare services**

Women will only go to heal ANC and deliveries, and no one will accompany them to the health facilities because limited numbers were allowed to gather in the health facilities. It was indicated in all districts that mother’s shelter/waiting rooms had ceased to operate during the COVID era, resulting in increased home deliveries.

#### **Reduced health service provision due to lockdown**

People saw no value in going to clinics as they were regularly turned back to go and steam. Ill treatment by nurses caused people to prioritize traditional herbs and steaming and spiritual means of getting healed. In addition to this, there was delayed treatment and attention and poor services at health facilities during COVID-19. There was also a revitalization of traditional medicines to cure various diseases, e.g., indigenous trees like *Murumanyama* were used to cure diarrheal infections, *Zumbani* was used to cure flu like infections, among other things. It was also noted that people with underlying conditions, for example HIV had their dates for collection of medicine changed. Services for those who sought ANC services were not attended to diligently. Nurses were no longer physically assessing pregnant people to assess child development, for fear of physical contact with people. There was a positive development with the facilitation of increased services at the village level as the VHWs could attend to people before they went to clinics and give them medication (e.g., zinc, among others). Mothers’ delivery waiting shelters were no longer functional as they were closed to decongest them resulting in home deliveries. COVID-19 also resulted in reduced clinic supplies, lack of medicine, contraceptives, and family planning. The erosion of trust within the health care system is driven by unavailability and or expensive medicines and poor-quality health care services. This is driven more by deteriorating macro-economic conditions and beyond the realm of Takunda. Trust can only be restored if the Government invests in quality health care services, address inflation and other fundamentals conducive for economic growth.

#### **Stigmatization of the vaccine and patients with COVID-19 related symptoms**

People did not want to get vaccinated because there were myths that those vaccinated would die after two years. Therefore, most of the people avoided the vaccine. Nevertheless, other people sought vaccinations at clinics. The vaccine uptake only increased after widespread deaths in the communities. Nurses segregated sick people with flu and cared less for patients and sent them back home to use home remedies. People affected by COVID-19 had no one to look after because of fear of contracting the disease.

#### **Impact on availability and accessibility to health facility**

## Transport problems

Lockdown restrictions affected the transport sector resulting in difficulties in accessing clinics during this period. In addition to this, fares were very high. For example, in Buhera it was cited that the distances were people used to pay \$1USD for transport fares, was being charged \$3 making it very inaccessible to many people given that there were also economic challenges posed by the lockdown. There were too many roadblocks controlling the movement of people, which held up people for a long time before they reached where they needed to seek health. *“Vanhu vaita senge vanorapwa paroadblock than kuchipatara nezvaidiwa nemapurisa” said an elderly women in Zaka - implying there were too many requirements by the police to grant you permission to proceed to where you wanted to seek health services.*

## Health coping strategies

The following sections outline some of the health coping strategies used by individuals and households in the study districts.

*Increase in use of traditional medicines and health care:*

- Steaming and drinking traditional herbs – *zumbani, garlic, mufandichimuka, kufukira dombo*. Drinking marijuana seed as a means of family planning by women, especially in Chivi
- Using older women to help with home deliveries
- Eating hot food

*Handwashing and tip taps*

- Strengthening of establishment of hygiene enabling facilities – tip taps, handwashing in all the districts

*Reducing unnecessary movement*

- Staying at home and reducing unnecessary movement
- Waking up early to get into the queue at health facilities

*Reliance on prophets and spirit mediums*

- Consultation of prophets increased during COVID-19 because there was no adequate attention at health facilities. Young women, in Zaka and Buhera indicated that *“Pamwe pachu hautozvifariri zvekumasove asi kuti ukarwara apa kuchipatara hakuna – zviri nani kunomwa mvura kumasove”* meaning, “it was better to seek spiritual healing because in clinics there was no help”.

## 3.7 Impacts of COVID-19 on Social Services and Assistance

### Impacts of COVID-19 on provision and adequacy of social services and assistance

#### Reduction in remittances

In all the districts it emerged that there was a reduction in cash remittances received from both within and outside the borders as formal and informal income generating activities were both affected by the lockdowns. The closure of borders went on to affect families which relied heavily on in kind remittances (groceries) which are sent by relatives in other countries. This was more intense in the initial phases of the lockdown with very strict restrictions as there were no movements and most people employed formally and informally could not go to work affecting their capabilities of sending remittances to their families. The closure of most companies because of the lockdown saw people migrating to the rural areas thereby contributing to the reduction in the remittances. Moreover, those few who had a privilege of receiving remittances were affected by transport problems to travel to the nearest towns and growth points to collect their cash as mentioned by young women in Zaka. Focus group participants in all the four districts highlighted that there were long queues and a limited number of people permitted per day at the remittance collection points due to lockdown.

#### Cash transfers and food assistance

Participants in Chivi alluded to the fact that cash transfers and food aid from social services were not affected by COVID-19 as the two continued to take place during the lockdown era. Participants from the focus groups indicated that not everyone had the opportunities of receiving the handouts. In some districts, it emerged that there were some donors that started to distribute food to vulnerable people in the community. Elderly men in Chivi indicated that food distribution points changed from cluster level to ward centers which is far to travel especially for the elderly people. Focus group

participants in some districts mentioned that social welfare was not distributing food as community gatherings had been banned. Food for work programs were stopped in most districts.

### **Closure of schools**

In all the district's schools were closed which meant that young people were laying idle. Virtual schooling increased which was mentioned by Buhera young men and Zaka young women to be expensive with most households and could not be afforded by most people. The closure of schools has led to an increase in early marriages and teenage pregnancies in all the districts, in Zaka and Mutare teenagers as early as fourteen years were being married. It was stated in all the districts that children are no longer going to school on a regular basis. Participants mentioned that the number of days had been reduced to only two days. During FGDs participants mentioned to have reduced the quality of education as the number of contact hours by school children with the teachers had also been reduced to decongest school premises.

### **Health services**

In all the districts they cited that there were poor health care services at the health facilities as the attention had moved to COVID-19, especially during the initial phases of lockdown. Waiting mothers' shelters ceased functioning in all the four districts which led to some women giving birth at home. In most districts immunization for children continued in health facilities. Women had to travel long distances to the health facilities for the service which was affected by unavailability and expensive transport costs. A key informant in Chivi indicated that extended immunization programs were done with a limited number of people per day adhering to COVID-19 regulations.

### **Road rehabilitation and WASH**

In all the districts it was cited that there were no changes which came with COVID-19 in the maintenance of road infrastructure as prior to COVID-19 they were not being maintained. In Buhera, funding for borehole drilling was received by DDF from NGOs such as SAFIRE to ease the water shortages.

### **Others**

In Mutare, mobile awareness sessions including door to door sessions were being done to pass health related information as gatherings had been banned. In some districts people could not collect birth certificates at offices during lockdown. The ban of community gatherings led to poor communication in the community, which was their main source of information.

### **Coping strategies used for social services and assistance**

#### ***Cash transfers, food aid, food for work***

In all districts, NGOs such as CARITAS, CARE, GOAL and social welfare distributed food and other COVID-19 interventions such as distributions of masks, soap, and awareness campaigns. The mobile cash transfers which were done by CARITAS and social welfare in Zaka were targeting specific people which meant that the whole community was not covered by the aid. It then emerged in all districts that community leaders appealed to community members to help each other with basic food commodities such as mealie meal. In Chivi, Mutare, and Zaka food aid agencies continued distributing food through staggering of people to avoid large gatherings and to reduce the spread of COVID-19 at the distribution site.

#### ***Sleeping in queues, barter trade***

In all the districts, during focus group discussions participants indicated that they had to sleep in queues at the bank to collect their remittances. This was due to the limited number of people that were being accommodated at the banks daily. Others in the districts employed intensified barter trade of farm produces such as vegetables, maize, and small livestock with basic food commodities.

For example, maize was traded for grinding mill services and other basic commodities as shops were closed and some had no available stocks.

### ***Home deliveries and use of traditional remedies***

In all the four districts the use of traditional herbs to treat ailments such as headaches, stomach pains and flu intensified during lockdowns. This was mentioned by all FGD target groups. In this regard, home deliveries increased in all the four districts since the health services were not functional especially the waiting mothers' shelters with some having to give birth at their residences. Moreover, the use of traditional livestock feed using leaves from sausage (*mubvee*) and *Piliostigma thonningii* (*musekese*) tree leaves was common in the districts.

### ***Rotation in school attendance, homemade masks, and extra lessons***

Participants who were engaged during the study indicated that children were now attending school two to three times a week. This was cited in all the four districts. Young men in Buhera highlighted those parents and young persons were now working for teachers in exchange for extra lessons. Additionally, young men in Buhera also cited the use of home-made masks being common amongst students as masks were mandatory in schools.

### ***Reducing gatherings to limited numbers (smaller group)***

Chivi and Buhera older men highlighted that people were working in small groups for road maintenance. This could be used as an entry point for Takunda. The ban on community gatherings led communities in Chivi and Buhera to have smaller groups of people collecting water for their dip tanks so that their cattle continued being vaccinated. In other districts such as Buhera, religious practices saw people praying in smaller groups since large gatherings had been banned.

### ***Others***

In Mutare, a lack of services and food aid programs forced some women to engage in sex work to get food even if the husband was aware. In Buhera, young women cited selling of firewood at Murambinda growth point as a coping strategy to fill the gap of inadequate food aid programs.

## **3.8 Gender specific impacts of COVID-19**

### **Impacts of COVID-19 on women's workload**

The COVID-19 pandemic and the following lockdown generally accorded with more time for socialization and bonding which enhanced family cohesion, and in-turn, led people to assist each other with household chores and work. Findings showed that in Mutare and Zaka social integration was positively affected by the pandemic. Men, and other people who had been living in distant towns and outside the country, returned home in Zaka, resulting in family reunification. Husbands and wives assisted each other with household care work and income generating activities as they were supporting their families. Men, women, girls, and boys all assisted in on-farm activities like conservation agriculture (digging holes for Pfumvudza) thereby lessening women's time poverty. Young women and young men started to participate in gardening activities, working in the field, and fetching firewood because of their increased presence at home. Formerly these activities were mostly done by women because they spent most of their time at home. This presents an opportunity for Takunda interventions as the project will be building on what is already happening in the community. For instance, the male engagement process will ride upon the sharing of chores were men assist women.

However, in Chivi near Runde river, women and young females were overburdened with work as they were involved in artisanal gold panning. Since family members were all present, household care work increased; this was coupled with other income generating activities, like gold panning and on-farm work. In Buhera, women and girls' workload increased as women did all household chores and agricultural work for their respective families. The situation was exacerbated by the fact that women are the major primary caregivers in the communities, with an increase in COVID-19 induced illnesses

the workload increased. Village health workers had an increased workload as they supervised primary caregivers. This shows that in Chivi and Buhera women's workload increased because of COVID-19. Regardless of women and men assisting each other in doing household care work, some chores remained women's responsibility, such as bathing children.

COVID-19 had a negative impact on men's workload. Most men in Zaka and Mutare relied on casual labor as means of livelihood generation. A rise in the demand of bricks in the communities saw an increase in casual labour as men engaged in brick molding. On the other hand, men were assisting women as they took on some household chores like fetching water and looking for firewood. As a result, the workload for men increased. Young boys refused to partake in household care work and chores as they were not used to doing them before the COVID-19 pandemic. This left the girlchild with the sole responsibility of household chores. As a result, the girl child was burdened with an increasing workload. The act presents an entry point for Takunda interventions to deliberately target boys in gender dialogues and men's fora.

### **Impacts of COVID-19 on division of labor**

The status quo of work in all communities and the roles and responsibilities that are aligned to men and women changed. Men usually did labor intensive activities that include ploughing, looking for firewood, water, conservation agriculture, gardening, and house maintenance. Women were mostly involved in food preparation, general family upkeep and hygiene, laundry, and agricultural work. Men could rarely assist women as they spent little time at home before the pandemic. Confinement at home triggered men to assist with chores and other work that was ideal for them and because it was the only thing to do at the time. During the COVID-19 induced lockdowns, families spent more time together than ever before which saw men and women helping each other in doing household chores and income generating activities. In Chivi, men assisted by looking for firewood and fetching water while women engaged in other chores like washing clothes. This was only witnessed because of the advent of COVID-19, before men used to spend their time at work outside their homes and beerhalls enjoying themselves. In Zaka, men would assist women only in the morning and sneak away from home in the afternoon to relax with friends. In Mutare and Buhera, men started to cook during COVID-19 lockdowns, do casual work that were formerly regarded as women's and other energy consuming jobs. In some cases, men could not stay and help women at home, they preferred beer drinking. This points to the fact that the stigma that household chores are for women and not men exist in Chivi and Mutare. Consequently, young girls and adult women worked more as they assisted each other, as compared to men and boys. Takunda gender dialogues/ men's fora stands to have an opportunity for impact in this community.

### **Impacts on access and control of productive resources**

COVID-19 affected access to productive resources to a lesser extent. Both men and women had access to productive assets such as ploughs, carts, and cattle use for draft power. Young men in Mutare emphasized that COVID-19 did not bring change in access to productive resources. COVID-19 perpetuated what was already happening in communities. Findings from the study revealed that control of productive resources depends more on prevailing patriarchal cultural practices than COVID-19, though the latter had considerably little impact. For instance, men owned cattle and women own small livestock. In Chivi and Zaka young men and women were learning how to use the plough. Therefore, stereotypes surrounding who does what are no longer an issue in some communities. This is an entry point for Takunda's Farmer Field Business School model. Before COVID-19, women had access to all productive resources because of their continued presence at home as opposed to the man who worked in places away from their homes. The coming back of men meant that areas that were previously dominated by women because of the absence of men were reallocated to men. This informs Takunda that when dealing with the communities, the problem is not women's access to productive resources, but the utilization of such resources. Young men in Zaka reported to have joint control over productive resources with their women as they mentioned dialogue as an important factor. To add on, adult man in Buhera noted that control is shared and selling of productive

resources must be mutual. In Mutare, because of the family make up which is polygamous women have more power to control resources than men. However, the absence of men in families meant that the grown-up boy child had control over resources. Families that had the father working in urban areas or outside the country, the mother had control and power to decide what to do with productive resources before the pandemic, during the pandemic the father came back and assumed the decision-making role

*“Young girls were learning how to use the plough and harnessing draft power from cattle.” (Young Married Men FGD participants, Chivi).*

### **Gender based violence**

The study revealed that GBV was prevalent in all the districts during the COVID-19 induced lockdown. Forms of GBV that were prevalent include verbal abuse, physical abuse, sexual abuse, and assault. These generally led to high levels of stress and anxiety. Major drivers of GBV were noted to be women harassing men for not being able to feed the family, extramarital affairs, failure to look after one's family, unavailability of food/resources, and men shouting at women for not budgeting and not cooking properly. Husbands and wives would fight in front of their children and family. Findings from Chivi showed that women were refusing conjugal rights due to fatigue to too much workload, this resulted in GBV. Spouses were together all the time with nothing to do. As a result, men were known to be demanding sex all day long and as women resisted, fights erupted. Women blamed men for having unquenchable sexual thirst. At times, after men return from drinking and failed to steam, it resulted in quarrelling with their wife as women ended up social distancing in the bed thereby denying intimacy. Also, in Mutare, commercial sex work increased as women deliberately adopted it as way to earn money for the family with the men knowing about it but choosing to remain silent. In Chivi, women would abuse their male counterparts who would turn to young girls to satisfy themselves. The patriarchal tendencies exhibited in this idea provides an opportunity for Takunda as an entry point of men's fora and gender dialogues.

*“Women are controlled by churches, children by teachers and men by God” – FGD Chivi Ward 21 older men. (Adult men FGD participants, Chivi).*

Furthermore, drug and substance abuse by young boys and young girls fueled GBV and they constantly clashed with parents as it was a common thing to challenge one's parents. Fights between boys and girls were rampant. Sexual harassment of girls by drunk boys and men escalated during the COVID-19 induced lockdown. Teenage pregnancies and early child marriages rose because of drug abuse among youths and older men. This is a notable opportunity and entry point for Takunda Youth and Gender interventions. GBV and divorces increased due to hunger, malnutrition, and lack of financial resources. Zaka women noted that without money and resources people cannot live in peace. Young women and girls easily fell for men who could buy them snacks like Zapnex. Young girls conflicted with married women as they were accused of breaking up established families, some girls became young wives in polygamous families. On another hand, violence between women became rampant, for instance, fights between daughter-in-laws and mother-in-laws because of competition for resources.

*“Kana murume asina maresources rudo harubudi” if a man does not have money and resources a relationship fails. (Adult women FGD participants, Zaka).*

### **3.9 Impact of COVID-19 on access to information**

Access to information is a central element in the social and economic wellbeing of any society. The study probed communities' access to nutrition and health, weather and climate, shocks, and stressors, as well as agricultural and market information. Across the districts, communities bemoaned lack of access to adequate information ever since the start of the pandemic. This section assessed how access to the following information types were influenced by COVID-19 and whether this varied before the COVID-19 pandemic.

## **Nutrition and health**

The study reveals that it was difficult to access information from extension workers including VHWS as gatherings had been banned. Initially, particularly during the first strict lock-down, VHWS were not allowed to conduct home visits, however, restrictions were later relaxed and VHWS became the critical entry points not only for information provision but also for other related interventions as they were given the greenlight to operate by the government and line ministry authorities.

Those with smart phones cited lack of access to data bundles due to high pricing and strained income sources. However, participants acknowledged receiving SMS on health awareness. It is important to note that information was mainly on health and less on nutrition. Plausible reasons for limited nutrition messaging include lack of nutrition support interventions during the pandemic period.

Another notable finding was that COVID-19 obscured access to health information on other diseases that include cancer and HIV. The bulk of health information that was provided by extension workers (VHWS), electronic and print media was mainly focused on COVID-19. It appears all stakeholders neglected and continue to neglect other health information needs at the expense of COVID-19. Additionally, there was a lot of misinformation about the COVID-19 vaccine. A lot of inaccurate information was spread about the perceived negative effects of the vaccine. Misinformation was also rampant on methods of COVID-19 treatment and management.

## **Weather and climate information**

In terms of weather and Climate information, participants from Mutare district revealed that they did not notice any change. However, in Buhera, Chivi, and Zaka districts, extension officers were not available since gatherings were banned. There was an increase in use of social media platforms, particularly WhatsApp, to get information from peers and other sources. In some instances, radio stations also provided weather and climate information. Farmers were provided with knowledge on when to plant their crops and of impending extreme weather conditions such as floods and dry spells. In Chivi and Zaka, lead farmers provided information to farmers in their field schools and surrounding areas. The biggest challenge that was highlighted is high data bundle prices.

## **Shocks and stressors information**

Like weather and climate information, the main conduits of information on shocks and stressors were radios and bulk SMS and the WhatsApp platforms. In Mutare District, spirit mediums were reported to be one of the sources of information. Participant communities noted that they had lost trust in prophets who used to provide information on shocks at a personal level. The reason for the lack of trust was mainly the prophet's ineptness in handling COVID-19.

## **Agriculture market information**

Relevant and timely information helps the farmer communities to make the right decisions for sustained growth of agriculture activity. Due to COVID-19 restrictions, access to market information was limited. One of the major effects of the pandemic was lack of price information as the market was highly unstable requiring constant updates. From the study, there continues to be an information gap from radio, local leadership and AGRITEX in terms of agriculture market information. Perhaps this explains why so many farmers faced market challenges when they tried to produce and sell their produce during the lockdown. This resulted in intensive losses and collapse of some value chains during the period. Farmers and key informants acknowledge that livelihoods and value chains did not receive adequate support during the lockdown, resulting in collapse. There is a need for deliberate recovery efforts, including providing adequate information. Table 4 shows sources of information during the COVID-19 period and their levels of efficiency and effectiveness.

Table 4: Sources of information during COVID-19 period

Information Source	Effectiveness during Lockdown	District where it was used	Important for Type of information
Print and Electronic Media	Medium	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets.
WhatsApp	Low	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets. Expensive data and poor network connectivity are the main barriers noted.
Social Networks (peer to peer, relatives)	High	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets.
Extension staff (GoZ)	Low to medium	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets.
Extension staff (NGOs)	Low to medium	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets.
Lead-mothers	Low	Buhera, Chivi, Mutare and Zaka	Nutrition and Health
Lead farmers	Low	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Shocks and Stressors, Agric and Markets.
Local Leadership	Low	Buhera, Chivi, Mutare and Zaka	Weather and climate information, Nutrition and Health, Shocks and Stressors, Agric and Markets.
Churches, spirit mediums	Low	Buhera, Chivi, Mutare and Zaka	Shocks and Stressors, Nutrition and Health
Middlemen	Low	Buhera, Chivi, Mutare and Zaka	Agriculture and markets
Others, e.g., seed-companies	Low	Zaka	Agriculture and markets

## 4.0 Conclusion and Key Program Recommendations

The COVID-19 study was conducted in Buhera, Mutare, Chivi, and Zaka districts in October and November 2021 to understand what households were doing to prevent contracting and spreading COVID-19, the impacts of COVID-19 on agriculture, food security, health, social assistance and women's empowerment, and the associated coping strategies employed. A total of 40 FGDs and 60 KIIs were conducted by Takunda Program staff. COVID-19 worsened food availability among vulnerable households while better-off families were not affected. The pandemic and its associated lockdowns resulted in loss of income due to retrenchments and closure of informal businesses and negatively affected agricultural supply chains and markets. With regards to health, COVID-19 caused illness and in some cases deaths among family members. Households used various strategies to cope with food and income shortages as well as health challenges, including barter trading, reducing meal portions and frequency, reliance on casual labor, use of retained seeds, and reliance on traditional medicine, among others.

This section concludes the study by summarizing the key study findings tied to identified evidence knowledge gaps (EKGs) and key recommendations for Takunda program implementation (Table 5).

Table 5: Key study findings and recommendations for Takunda program implementation

Evidence Knowledge Gap (EKG)	Key Study Findings	Recommendations for Takunda program implementation
<p><b>EKG 2.</b> How has COVID-19 further eroded assets of the most vulnerable populations and have the numbers of those who have lost assets gone up and if so by how much?</p> <p><b>EKG4.</b> What are the lost assets, and what factors led to their loss?</p>	<ul style="list-style-type: none"> <li>COVID-19 eroded households' productive assets, mostly livestock that include cattle, goats, and chickens. The national lockdown coincided with the outbreak of animal diseases, in particular January Disease for cattle. Because of movement restrictions, veterinary extension staff were not able to move around and provide services. This was also further worsened by low purchasing power of vulnerable household due to loss in income. Some households also barter traded small livestock for maize grain.</li> </ul>	<ul style="list-style-type: none"> <li>There is scope for upscaling interventions that prevent and control livestock diseases and improve nutrition (for example livestock dipping, possibility of using local paravet and growing of fodder and local livestock feed formulation). The results also justify the need for conditional program transfers to the vulnerable households.</li> </ul>
<p><b>EKG10.</b> Given the volatility of Zimbabwe's markets and COVID-related market shutdowns, how might reliance on external inputs for production impacted farming households?</p>	<ul style="list-style-type: none"> <li>Failure to secure inputs from formal shops led to some vulnerable farmers to resort to using retained seeds for maize and tomatoes. For groundnuts, sorghum, pearl millet, finger millet, most interviewed farmers are using retained seeds. For sweet potatoes, they relied on vines or cuttings obtained from family and friends. Reliance on traditional means for livestock drugs by using aloe vela (gavakava) as terramycin intensified during the COVID-19 because of movement restrictions and shortage of money.</li> <li>Because of expensive inorganic fertilizers, vulnerable households noted that they rely more on organic fertilizers (compost manure). Some households expanded on boschveld and indigenous chickens and reduced broiler production to avoid reliance on external feeds. Feed formulation using available local feed resources intensified during COVID-19. Farmers had knowledge but shortages during COVID-19 triggered these.</li> </ul>	<ul style="list-style-type: none"> <li>There is scope to promote and upscale community seed multiplication in FFBS to produce quality declared seed (by Government Seed Services) which can be sold locally to other farmers and the private sector, especially for sorghum and groundnuts.</li> </ul>
<p><b>EKG24.</b> How has COVID-19 impacted the ability to reach individuals?</p>	<ul style="list-style-type: none"> <li>The ability to reach individuals was reduced during the initial lockdown as gatherings were banned, but this improved quickly, as people adapted to the new normal. Village heads did home visits to check returnees and foreigners and strangers. Village Health Workers (VHW) started doing health checks and passing information to people.</li> <li>Environmental Health Technicians (EHTs) and Health personnel started vaccination awareness campaigns. People relied on family friends and social networks for information. Rise in use of social media for information, though expensive data and misinformation was rampant</li> </ul>	<ul style="list-style-type: none"> <li>Takunda to work with local based groups, local leaders and locally based community facilitators who are not Government of Zimbabwe staff. Train and mentor them to monitor and technically backstop Takunda activities. Availing data bundles to these community facilitators will help Takunda remotely monitor its activities during lockdowns. This also builds their capacities and acts as a sustainability measure.</li> </ul>
<p><b>EKG33.</b> Have caregivers' beliefs around certain nutrition related behaviors</p>	<ul style="list-style-type: none"> <li>Yes, there were some beliefs picked up.</li> </ul>	<ul style="list-style-type: none"> <li>There is need to upscale nutrition education on the benefits of exclusive breastfeeding and</li> </ul>

changed because of COVID-19?	<ul style="list-style-type: none"> <li>There were reports that some caregivers extended breastfeeding beyond 2 years given they had no food for their baby.</li> <li>During COVID-19, some vulnerable lactating mothers had no adequate food and were wasting, and they resorted to (a) early weaning as they thought they had inadequate milk and (b) They thought exclusive breastfeeding is not sufficient for the baby and started giving them food.</li> </ul>	<ul style="list-style-type: none"> <li>appropriate infant and young children feeding practices.</li> <li>There is need to upscale crop and livestock productivity to ensure adequate food also income generating activities to enable households to purchase food. There is also a need for training farmers to preserve and store food to ensure year-round availability.</li> </ul>
<b>EKG40.</b> Are there shifts in women and girls' access to markets and food due to COVID-19?	<ul style="list-style-type: none"> <li>Access to markets affected everyone negatively owing to transport and movement restrictions with more effects felt by vulnerable households. There were no major shifts for women and girls.</li> </ul>	<ul style="list-style-type: none"> <li>For nutrition and from SBC study</li> <li>Without access to food, it is almost impossible to improve diets. Include an outcome on increased crop and livestock production for improved household nutrition under Purpose 1.</li> </ul>
<b>EKG44.</b> How has COVID-19 interventions impacted/strengthen hand washing practices?	<ul style="list-style-type: none"> <li>During COVID-19 there has been a noted increase in handwashing and tip taps, as well as general hygiene though water availability and expensive soap were noted as barriers. However, meeting the critical five times of handwashing is still a challenge</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of boreholes to be drilled, rehabilitated, or repaired by Takunda (<i>also from SBC study</i>). Promoting use of ash as an alternative to soap as this is cheap and locally available.</li> <li>Address all other behavioral barriers through specific messages and activities in Community Health Clubs.</li> </ul>
<b>EKG59.</b> Any there shifts in women's, girls & youth access to nutrition, health, hygiene services due to COVID-19? or their willingness to use services?	<ul style="list-style-type: none"> <li>Women and youth, like men, increased utilization of traditional medicines during COVID-19 owing to inaccessible health institutions and a fear of contracting COVID-19 at these institutions</li> <li>Increase in handwashing and tip taps, though water availability and expensive soap were noted as barriers</li> <li>Negative shifts</li> <li>Poor access to family planning services and products leading to (a) a rise in unplanned pregnancies, and early pregnancies; and (b) a rise in sexually transmitted diseases, especially in Mutare</li> <li>Reduction in Ante Natal Care Visits and closure of mother's pregnancy shelters</li> </ul>	<ul style="list-style-type: none"> <li>Without access to food, it is almost impossible to improve diets. Takunda need to include an outcome on increased crop and livestock production for improved household nutrition</li> <li>Antenatal care and positive youth development skills training will be done through Care groups, Community health clubs and youth clubs targeting adolescent girls and women.</li> <li>Takunda will not provide family planning services but will make referrals.</li> </ul>
<b>EKG71.</b> How is COVID-19 and the local economic situation expected to affect construction material supply chains and availability of private sector suppliers?	<ul style="list-style-type: none"> <li>The macro-economic conditions characterized by exchange rate instability saw a marginal increase in prices of construction materials. The relatively expensive construction materials are readily available in shops.</li> </ul>	<ul style="list-style-type: none"> <li>Proper procurement planning and sufficient lead time is needed to compare suppliers to ensure the program gets competitive prices that reflect value for money.</li> <li>Takunda to preposition and acquire program construction material in advance.</li> <li>Promote use of locally available materials for constructing upgradable latrines and livestock housing.</li> </ul>
<b>EKG75.</b> Any there shifts in social norms regarding: women's & youth access due to COVID-19? How, if at	<ul style="list-style-type: none"> <li>There are not any shifts in social norms regarding: women's &amp; youth access due to COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>Takunda should continue training program participants on positive social norms, leadership, and inclusive participation to eliminate</li> </ul>

all, has COVID-19 impacted access to natural resources and productive assets, esp. women's and youth?	<ul style="list-style-type: none"> <li>• Both men and women had access to productive assets such as ploughs, carts, cattle for draft power.</li> <li>• Control of productive resources depends more on prevailing patriarchal cultural practices than COVID-19.</li> <li>• Before COVID-19, women had access to all productive resources because of their continued presence at home as opposed to men who work in places away from their homes. The coming back of men meant that areas that were previously dominated by women because of the absence of men were reallocated to men.</li> </ul>	negative social norms. These trainings should be integrated with Care group and Gender Champions training.
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## 5.0 Annex

### Data Collection Tools

#### Focus Group Discussion Guide

**Instructions:** Separate FGDs for each demographic group (men, women, young men, young women and then PLW and Caregivers). Please include as many relevant and appropriate quotes as possible.

#### Introductions

Hello. My name is \_\_\_\_ and I am \_\_\_\_ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC, and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand how the COVID-19 has affected individuals and households in this community and the adaptations they have made. This will help design appropriate activities. We would appreciate hearing your perspectives. We are asking you to participate in discussions. The discussions will take up to 90 minutes.

We follow strict procedures to protect the privacy of everyone we speak with. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, my colleagues will take notes, and with your permission try to record the audio and take pictures.

Do you agree to the audio? Do you agree to recording? Do you have any questions?

Do you agree to proceed?

District \_\_\_\_\_  
Ward \_\_\_\_\_  
Cluster \_\_\_\_\_  
Subgroup \_\_\_\_\_  
Number of participants \_\_\_\_\_  
Facilitator \_\_\_\_\_  
Note Taker \_\_\_\_\_

#### START THE DISCUSSION

## 1. COVID-19 prevention measures

- a. What are you doing and households doing to prevent getting and passing the COVID-19? *[Preventing] Zvii zvamurikuita kudzivirira denda reCOVID-19? Or Ndezvipi zvamuri kuita kudziwirira covid19 kubva kune mumwe nemumwe.*
- b. What are some of the noticeable challenges with compliance to COVID-19 prevention measures? *Ndezvipi zvinoita kuita musaita /matambudziko/zvigonhero amuri kusangana nazvo maringe nekudzivirira COVID-19*

INSTRUCTIONS - FOR IMPACTS PLEASE CONSIDER BOTH POSITIVE AND NEGATIVE. HOW DO THE IMPACTS VARY DURING COVID-19 and PRE-PANDEMIC PERIOD?

## 2. General impacts of COVID-19

- a. What have been the general impacts of COVID-19 for your households?
- b. What are the main livelihood strategies or income generating activities for you?

## 3. Impacts of COVID-19 on employment, income and income generating activities

- a. What are the impacts of COVID-19 on employment, income, income generating activities *[Impact on formal and informal employment, overall incomes, and non-agriculture- income sources]*?
  - Formal and informal employment
  - Income generating activities
  - Income of households
- b. What strategies are you using to adapt to the impacts of COVID-19 on employment, income, income generating activities? *Ndezvipi zvamuri kuita iko zvino kuti murarambe*

## 4. Impacts of COVID-19 on agricultural production, supply and demand of agricultural inputs and products. *Takabata nenhau dzeku rima /Takatarisana nenyaya dzekurima.*

- a. What are the impacts of COVID-19 on agricultural production (crops, livestock, and horticulture) *Pakurima kana kuchengetwa kwezvi pfuyo*
- b. Impacts on access to agricultural inputs – including transportation, immobility etc. *Kuwanikwa zvekushandisa pakurima*
- c. Impacts on prices of agricultural inputs? *Mutengo yemainputs nemidziyo yekushandisa pane zvokurima*
- d. Impacts on availability and access to agricultural markets for produce? *(including poor access to markets due to lockdown, rotting, poor bargaining, women unable to travel to markets etc. – specific value chains)* *Kuwanikwa kwemisika yekutengesera zvirimwa*
- e. *Impacts on producer prices of agricultural produce – be specific on value chains*
- f. What are the coping strategies that you have adopted to continue with agriculture? *(Eg preservation of vegetable, using herbs to treat livestock, selling produce for less, using retained seed or from the silos).* *Ndezvipi zvatakaita kuti tiwandudze zveku rima/Nzira dzatashandisa dzakaita kuti tirambe tichienderera mberi nekurima*

## 5. Impacts of COVID-19 on food availability, portion sizes and number of meals taken per day.

*Kuwanikwa kwezvokudya, huwandu hwemudyo uye kuti munodya kangani pazuva.*

- a. Impacts of COVID-19 on food availability? *Kuwanikwa kwezvokudya*
- b. Impacts of COVID-19 on meal portion sizes? *huwandu hwemudyo*
- c. Impacts of COVID-19 on number of meals taken per day? *munodya kangani pazuva*
- d. What food coping strategies have you been using because of COVID-19? *Ndezvipi zvamuri kuita kuti muvane zvekudya zvakanwana munguva yeCOVID-19 ino nelockdown*

- e. Ask this to Lactating mothers and Care givers only. **How has COVID-19 influenced the way children under 5 are fed in terms of (a) breastfeeding, and (b) infant and young child feeding.**
- 6. COVID-19 Health and Health Seeking Behavior.** *Nyaya dzehutano, nemaitiro edu pakutsvaga rubatsiro maringe neutano*
  - a. Impacts of COVID-19 on your health? *Ndezvipi zvakanzwereswa neCOVID-19 panhau dzeutano hwedu*
  - b. What type of health care services are most sought by individuals in your demographic group in this community? *Mhando dzerubatsiro rwamaitsvaga/Rubatsiro rwataitsvaga kuwandudza hutano*
  - c. What has been the impact of COVID-19 and the national lockdowns on your decisions and behavior on seeking health care services? *Mainotsvaga rubatsiro zvadini. Sarudzo yekuenda kuchipatara kana kunobatsira maiita urwere hwadini*
  - d. Availability and accessibility to health facility - *Kuvanikwa, mafambiro kuenda iko kwamaibetserwa munguva yeCOVID-19*
  - e. Provision of adequate health care services in the health facilities. *Makabatsirika zvakadini kwamakanobetserwa/kurapwa or Maivana rubetsero rakakugutsai here ikoko kwamakaenda*
  - f. What health coping strategies have you been using during COVID-19 pandemic? *Ndezvipi zvamaita kana zvamurikuita kutimurame munguva yeCOVID-19 (e.g mishonga yechivanhu, zumbani, kunatira, cutting back on visiting hospital, vaccinations, use witchdoctor etc)*
- 7. COVID-19 Impact on Social Services and Assistance.** *Rubatsiro kubva kuhurumende masangano akazvimirira, macouncil, hama neshamwari (e.g education, safety needs, immunization programs, food for work, WASH etc)*
  - a. How did COVID-19 affected the provision and adequacy of social services and assistance?
  - b. Coping strategies for lack of inadequate social services – name them. *Pane ma social services and assistance aishaikwa munguva yeCOVID-19, maita sei imi kuti hupenyu hwenyu huenderere mberi?*
- 8. Gender specific impacts of COVID-19**
  - a. Impacts on women workload. *uhwandu hwemabasa takatarisana nekuva munhu kadzi kana kuva munhu rume*
  - b. Division of labour in household
  - c. Access to productive resources
  - d. Control of productive resources
  - e. Gender based violence
- 9. What are your main sources of information on the following?**
  - a. Nutrition and health information – *kudya neutano*
  - b. Weather and climate information – *mamiro ekunze*
  - c. Shocks and stressors information
  - d. Agricultural market information
- 10. How has access to information been impacted by COVID-19 and vary before COVID-19?**
  - a. Nutrition and health information – *kudya neutano*
  - b. Weather and climate information – *mamiro ekunze*
  - c. Shocks and stressors information
  - d. Agricultural market information

## Key Informant Guide

**Instructions:** Interview staff drawn from Ministry of Agriculture, Health, Youth, Council, Local leadership.

### Introductions

Hello. My name is \_\_\_\_ and I am \_\_\_\_ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand how the COVID-19 has affected individuals and households your community/area of operation/district and coping strategies they are making. This will help design appropriate program activities. We would appreciate hearing your perspectives. The discussions will take no more than 60 minutes.

We follow strict procedures to protect the privacy of everyone we speak with. It is your choice to participate in this study or not. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, my colleagues will take notes, and with your permission try to record the audio and take pictures.

Do you agree to the audio? Do you agree to recording? Do you have any questions?

Do you agree to proceed?

District\_\_\_\_\_

Ward\_\_\_\_\_

Cluster\_\_\_\_\_

Subgroup\_\_\_\_\_

Number of participants \_\_\_\_\_

Facilitator \_\_\_\_\_

Note Taker\_\_\_\_\_

START THE DISCUSSION

### 1. COVID-19 prevention measures

- a. What are individuals and households doing to prevent getting and passing the COVID-19?  
*[Preventing] Zvii zviri kuita nevanhu munharaunda yenyu kudzivirira denda reCOVID-19? Or Ndezvipi zviri kuita kudziwirira covid19 kubva kune mumwe nemumwe*
- b. What are some of the noticeable challenges with compliance to COVID-19 prevention measures?  
*Ndezvipi zvinoita kuita vanhu vasaita /matambudziko/zvigonhero zviri kusanganwa nazvo maringe nekudzivirira COVID-19*

INSTRUCTIONS - FOR IMPACTS PLEASE CONSIDER BOTH POSITIVE AND NEGATIVE. HOW DO THE IMPACTS VARY DURING COVID-19 and PRE-PANDEMIC PERIOD?

### 2. General impacts of COVID-19

- a. What have been the general impacts of COVID-19 on individuals and households?
- b. What are the main livelihood strategies or income generating activities for most households in this area/community/district before the pandemic and now?

**3. Impacts of COVID-19 on employment, income and income generating activities** [*Impact on formal and informal employment, overall incomes, and non-agriculture- income sources*]?

- a. What are the impacts of COVID-19 on household in your area on?
  - Formal and informal employment
  - Income generating activities
  - Income of households
- b. What strategies are individuals and households using to adapt to the impacts of COVID-19 on: *Ndezvipi zviri kuitwa kuti vanhu vararame*
  - Formal and informal employment
  - Income
  - Income generating activities

**4. Impacts of COVID-19 on agricultural production, supply and demand of agricultural inputs and products.** *Takabata nenhau dzeku rima /Takatarisana nenyaya dzekurima.*

- a. What are the impacts of COVID-19 on agricultural production with respect to:
  - Crops production – *Kurima*
  - Livestock production – *Kuchengetwa kwezvipfuyo*
  - Horticulture) - *Zvemumagarden*
  - Impacts on access to agricultural inputs – including transportation challenges, immobility etc. *Kuwanikwa zvekushandisa pakurima*
  - Impacts on prices of agricultural inputs? *Mutengo yemainputs nemidziyo yekushandisa pane zvokurima*
  - Impacts on availability and access to agricultural markets for produce? (*including poor access to markets due to lockdown, rotting, poor bargaining, women unable to travel to markets etc. – specific value chains*) *Kuwanikwa kwemisika yekutengesera zvirimwa*
- b. Impacts on producer prices of agricultural produce – be specific on value chains
- c. What are the coping strategies that households have adopted to continue with agriculture? (Eg preservation of vegetable, using herbs to treat livestock, selling produce for less, using retained seed or from the silos). *Ndezvipi zvatakaita kuti tiwandudze zveku rima/Nzira dzatashandisa dzakaita kuti tirambe tichienderera mberi nekurima*

**5. Impacts of COVID-19 on food availability, portion sizes and number of meals taken per day amongs most households in your area/community/district?** *Kuwanikwa kwezvokudya, huwandu hwemudyo uye kuti munodya kangani pazuva.*

- f. Impacts of COVID-19 on food availability? *Kuwanikwa kwezvokudya*
- g. Impacts of COVID-19 on meal portion sizes? *huwandu hwemudyo*
- h. Impacts of COVID-19 on number of meals taken per day? *munodya kangani pazuva*
- i. What food coping strategies have individuals and households been using because of COVID-19? *Ndezvipi zvirii kuitwa nevanhu kuti vavane zvekudya zvakanwana munguva yeCOVID-19 ino nelockdown*
- j. Ask this to Health Extension Staff (e.g., VHW, Care group Leaders, Nurses). **How has COVID-19 influenced the way children under 5 are fed in terms of (a) breastfeeding, and (b) infant and young child feeding.**

**6. COVID-19 Health and Health Seeking Behavior.** *Nyaya dzehutano,nemaitiro edu pakutsvaga rubatsiro maringe neutano*

- a. Impacts of COVID-19 on individuals health? *Ndezvipi zvakanzereswa neCOVID-19 panhau dzeutano hwevanhu munharaunda yenyu*
- b. What has been the impact of COVID-19 and the national lockdowns on individuals and household decisions and behavior on seeking health care services? *Vanhu vainotsvaga rubatsiro zvadini. Sarudzo yekuenda kuchipatara kana kunobatsira vaiita urwere hwadini*

- c. Availability and accessibility to health facility - *Kuvanikwa, mafambiro kuenda iko kwavaibetserwa munguva yeCOVID-19*
  - d. Provision and adequacy of health care services in the health facilities. *Vaibetsereka zvakadini kwavainobetserwa/kurapwa or Vaivana rubetsero rwaivagutsa here ikoko kwavai enda*
  - e. What health coping strategies have individuals and households been using during COVID-19 pandemic? *Ndezvipi vanhu zvavaita kana zvavarikuita kutivararame munguva yeCOVID-19 maringe neutano (e.g mishonga yechivanhu, zumbani, kunatira, cutting back on visiting hospital, vaccinations, use witchdoctor etc)*
- 7. COVID-19 Impact on Social Services and Assistance.** *Rubatsiro kubva kuhurumende masangano akazvimirira, macouncil, hama neshamwari (e.g education, safety needs, immunization programs, food for work, WASH etc)*
- a. How did COVID-19 affected the provision and adequacy of social services and assistance to households in your area?
  - b. What coping strategies did households do in case of lack of inadequate social services – name them. *Pane ma social services and assistance aishaikwa munguva yeCOVID-19, maita sei imi kuti hupenyu hwenyu huenderere mberi?*
- 8. Gender specific impacts of COVID-19**
- a. Impacts on women workload. *uhwandu hwemabasa takatarisana nekuva munhu kadzi kana kuva munhu rume*
  - b. Division of labour in household
  - c. Access to productive resources
  - d. Control of productive resources
  - e. Gender based violence
- 9. What are the main sources of information for households in your area on the following?**
- a. Nutrition and health information – *kudya neutano*
  - b. Weather and climate information – *mamiriro ekunze*
  - c. Shocks and stressors information
  - d. Agricultural market information
- 10. How has access to information been impacted by COVID-19 and vary before COVID-19?**
- a. Nutrition and health information – *kudya neutano*
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  - d. Agricultural market information